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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10802898 | <b>Applicant(s)/Patent Under Reexamination</b><br>DELARUE, GUILLAUME |
|   | <b>Examiner</b><br>DEBBIE M LE             | <b>Art Unit</b><br>2168  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 707                |                                   | 103R     |  |  |  | G                            | C | B | F | 17 / 39 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 707                | 1                                 |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 15    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        | 16    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        | 17    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        | 18    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        | 19    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        | 20    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        | 21    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        | 22    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 9        | 23    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 10       | 24    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |  | <b>Total Claims Allowed:</b> |                   |
|   |  | 24                           |                   |
| (Assistant Examiner)                            |  | (Date)                       |                   |
| /DEBBIE M LE/<br>Primary Examiner Art Unit 2168 |  | 2/24/09                      |                   |
| (Primary Examiner)                              |  | (Date)                       |                   |
|   |  | O.G. Print Claim(s)          | O.G. Print Figure |
|   |  | 1                            | 4                 |